# ELECTRICAL SPECIFICATIONS

| QUANTITY | SPEC. NUMBER | DESCRIPTION | UTILITIES: ELECTRICAL (SEE DETAILS FOR REQUIREMENTS) | UTILITIES: VOLTAGE & AMPS | DEDICATED CIRCUIT | LOW VOLTAGE CONTROL | REMOTE SWITCH | MECHANICAL DETAIL | CONSTRUCTION DETAIL |
|---|---|---|---|---|---|---|---|---|---|
| | | PLEASE NOTE: ALL REQUIREMENTS TO BE VERIFIED BY MANUFACTURER'S SPEC SHEETS PROVIDED BY HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST. MANUFACTURER'S SPECS SUPERSEDE ANY AND ALL INFORMATION CONTAINED HEREIN. | | | | | | | |
| 6 | 3A | UTILITY CENTER - SELF-CONTAINED WATER. CONTRACTOR TO PROVIDE REQ'D UTILITES. BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE. | • | 115V, 20A | | | | 3A | |
| 6 | 4A | 2" CONDUIT - PIPE CHASE WITH PULL-STRING SUPPLIED AND INSTALLED BY CONTRACTOR. | | | | | | | |
| 6 | 5 | DENTAL CHAIR RECEPTACLE - SUPPLIED & INSTALLED BY CONTRACTOR. EXACT LOCATION TO BE SPOTTED BY HENRY SCHEIN DENTAL EQUPMENT SPECIALIST. | • | 115V, 20A | | | | 5 | |
| 6 | 6 | DENTAL TRACK LIGHT - CONTRACTOR TO PROVIDE REQ'D UTILITIES AND MOUNTING SUPPORT. LIGHT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. | • | 115V, 15A | | | | | 6 |
| 6 | 9 | WALL MOUNTED INTRAORAL X-RAY HEAD, ARM, AND WALL BRACKET - CONTRACTOR TO PROVIDE REQ'D UTILITES AND MOUNTING SUPPORT. X-RAY UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. REQUIRES A 3 WIRE GROUNDED CIRCUIT. | • | 115V, 15A | • | | | | 9 |
| 6 | 9A | X-RAY MASTER CONTROL - CONTRACTOR TO SUPPLY AND INSTALL PIPE CHASE WITH PULL-STRING TO (9) LOCATION WHEN (9A) IS REMOTE. VERIFY SUPPLIER OF WIRING WITH HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTION BY HENRY SCHEIN DENTAL. | | | | • | | | |
| 7 | 9B | X-RAY REMOTE EXPOSURE BUTTON - CONTRACTOR TO SUPPLY AND INSTALL PIPE CHASE WITH PULL-STRING TO (9A) OR (9C) LOCATION. VERIFY SUPPLIER OF EXPOSURE BUTTON AND WIRING WITH HENRY SCHEIN EQUIPMENT SPECIALIST. FINAL CONNECTION BY HENRY SCHEIN DENTAL. | | | | • | | 9B | |
| 1 | 9C | PANORAMIC XRAY UNIT - CONTRACTOR TO PROVIDE REQ'D UTILITES. REQUIRES A 3 WIRE GROUNDED CIRCUIT. X-RAY UNIT SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. | • | 115V & 230V, 20A | • | | | | 9C |
| 1 | 14 | STERILIZER (SINGLE CASSETTE) - CONTRACTOR TO PROVIDE REQ'D UTILITIES. STERILIZER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. VERIFY IF SWITCHED OUTLET IS REQ'D. | • | 115V, 15A | • | | | 14 | |
| 1 | 14A | STERILIZER (AUTO-CLAVE) - CONTRACTOR TO PROVIDE REQ'D UTILITES. STERILIZER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. VERIFY IF SWITCHED OUTLET IS REQ'D. | • | 115V, 15A | • | | | 14A | |
| 2 | 15A | INSTRUMENT WASHER (HYDRIM) - CONTRACTOR TO PROVIDE REQ'D UTILITIES. WASHER SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. | • | 208-240V, 15A | • | | | 15A | |

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|---|---|---|---|---|---|---|---|---|---|
| 1 | 15B | HANDPIECE MAINTENANCE SYSTEM - CONTRACTOR TO PROVIDE REQ'D UTILITIES. 1/2" AIR LINE WITH VALVE STOP (58-145 PSI) ABOVE COUNTERTOP. SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. | • | 115V, 15A | | | | 15B | |
| 6 | 23 | EXHAUST FAN - SUPPLIED AND INSTALLED BY CONTRACTOR. MAY REQUIRE A SWITCH DEPENDING ON APPLICATION. VENT TO OUTSIDE. | • | 115V,15A | • | | | | |
| 3 | 23A | EXHAUST FAN FOR DENTAL MECHANICAL CLOSET - SUPPLIED AND INSTALLED BY CONTRACTOR. A THERMOSTAT CONTROLLED LOW SONE FAN IS REQUIRED TO KEEP ROOM TEMPERATURE WITHIN THE EQUIPMENT MANUFACTURER'S RECOMMENDED OPERATING TEMPERATURE RANGE. VENT TO OUTSIDE. | • | 115V, 20A | • | | | | |
| 1 | 25 | DENTAL AIR COMPRESSOR - FOR GAS-DRIVEN DEVICES IN A LEVEL 3 FACILITY. CONTRACTOR TO PROVIDE REQ'D UTILITES AND FRESH-AIR INTAKE VENT. 1/2" I.D. COPPER TYPE K OR L SUPPLY LINES TO LOCATIONS THAT REQUIRE AIR. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY CONTRACTOR (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR. REFER TO NFPA 99, 2005, 5.3.3.5 FOR REGULATIONS & REQUIREMENTS. | • | 230V, 40A | • | • | • | 25 | |
| 1 | 27A | VACUUM PUMP (DRY) - CONTRACTOR TO PROVIDE REQ'D UTILITIES. SCH 40 PVC MAIN TRUNK LINES (WHERE PERMITTED BY CODE). TRUNK, REDUCTION AND BRANCH LINE SIZES PER MFR RECOMMENDATIONS. EXHAUST PUMP TO OUTSIDE. BACK FLOW PREVENTION REQ'D PER LOCAL CODE. COLLECTION CANISTER (CAS) SUPPLIED BY HENRY SCHEIN DENTAL, INSTALLED BY CONTRACTOR. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY CONTRACTOR (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR. PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT. | • | 230V, 20A | • | • | • | 27A | |

# ELECTRICAL NOTES

1. THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.

2. EXACT EQUIPMENT LOCATIONS MUST BE JOB SITE VERIFIED BY THE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.

3. FOLLOW MANUFACTURER'S DRAWINGS FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.

4. GFCI PROTECTION OR REDUNDANT GROUND IN DENTAL CHAIR RECEPTACLES, DENTAL UTILITY CABINETS AND ANY OTHER AREAS REQUIRED BY LOCAL CODE IS THE RESPONSIBILITY OF THE ELECTRICAL CONTRACTOR.

5. ADDITIONAL CONVENIENCE OUTLETS REQUIRED ON JOBSITE ARE THE RESPONSIBILITY OF ELECTRICAL CONTRACTORS. FOLLOW LOCAL CODE RESTRICTIONS.

6. ALL COMPUTER NETWORKING AND WORKSTATIONS MUST BE SPECIFIED BY CUSTOMER'S COMPUTER SUPPLIER. IF HENRY SCHEIN WILL BE SUPPLYING THE COMPUTER NETWORKING SYSTEM, SEE SHEET SE.2 FOR THE OFFICE AUTOMATION PLAN.

# ELECTRICAL LEGEND

ALL HEIGHTS TO BE SPECIFIED ON-SITE UNLESS NOTED OTHERWISE

⊖ DUPLEX RECEPTACLE

▽ DATA DROP/OUTLET

SEE SHEET SPE.1 FOR ILLUSTRATIONS & DETAILS

## PROPOSED DENTAL ELECTRICAL SPECIFICATIONS

3/16"=1'-0"

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 02/25/15

HENRY SCHEIN DENTAL
10920 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227

PROJECT: **PROSTHODONTIC ASSOCIATES**

LOCATION: 131 JOHNSON ROAD
PORTLAND, ME 04102

HENRY SCHEIN REP: JESSE LEVEILLE
CENTER: BOSTON, MA
PHONE #: (207) 233-4978

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**ALL DIMENSIONS ARE SUBJECT TO JOB-SITE VERIFICATION.**

DRAWING NAME: PROSTHO-3d-F1
PROJECT START DATE: 06/06/2013
FINALS START DATE: 08/15/2014
DRAWN BY: AKL/CAS
FINALS BY: AKL
CHECKED BY: KS

| REVISIONS: | |
|---|---|
| 08/22/14 | AKL |
| 10/22/14 | AKL |
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| --/--/-- | --- |
| INT.SQ.FT.= | 5167 |

| SCALE: | SHT. SIZE: |
|---|---|
| 3/16"=1'-0" | D |

ELECTRICAL PLAN

SE.1

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